

AO 435 (Rev. 03/08)		Administrative Office of the United States Courts  <b>TRANSCRIPT ORDER</b>		<b>FOR COURT USE ONLY</b>  <b>DUE DATE:</b>	
<i>Please Read Instructions:</i>					
1. NAME JOHN P. McADAMS, AUSA		2. PHONE NUMBER (401) 709-5000		3. DATE 3/6/2013	
4. MAILING ADDRESS 6 MEADOWCREST DRIVE		5. CITY RIVERSIDE		6. STATE RI	7. ZIP CODE 02915
8. CASE NUMBER CR11-186S	9. JUDGE JUDGE SMITH	DATES OF PROCEEDINGS			
		10. FROM 11/19/2012		11. TO 11/19/2012	
12. CASE NAME US V. CARAMADRE, ET AL. (ANNE CLAYTON)		LOCATION OF PROCEEDINGS			
		13. CITY USDC/SMITH,J.		14. STATE RI	
15. ORDER FOR					
<input type="checkbox"/> APPEAL <input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CIVIL		<input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				Change of Plea Hearing	
<input type="checkbox"/> BAIL HEARING				11/19/2012	
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES		25.20
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	25.20
18. SIGNATURE /S/ JOHN P. McADAMS, AUSA			PROCESSED BY		
19. DATE 03/06/2013 DCN#M7028091			PHONE NUMBER		
TRANSCRIPT TO BE PREPARED BY			COURT ADDRESS		
ORDER RECEIVED		DATE	BY		
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	25.20
TRANSCRIPT RECEIVED				LESS DEPOSIT	25.20
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	25.20